

31946  
5/27

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

=====X  
ZAI JI TIAN,

Plaintiff(s),

- against -

WAYNE AUDIBERT and NFI INTERACTIVE  
LOGISTICS, LLC,

Defendant(s).  
=====X

**NOTICE OF EXCHANGE  
OF AMENDED  
EXPERT WITNESS  
INFORMATION**

Civil Docket No:  
18-CV-7119

SIRS:

Please take notice that pursuant to the FRCP 26 and the New York Civil Practice Law and Rules governing the Exchange of Expert Information, Plaintiff, **ZAI JI TIAN**, intends to call the following:

**EXPERTS:**

- 1) **ANDREW A. MEROLA, M.D.**, who is expected to testify at the time of trial as to the injuries of this plaintiff as contained in his medical records. The expert will base his opinions on plaintiff's medical history, medical records, findings in regard to diagnostic tests, including CT scans, MRI's and X-rays if applicable, and all other pertinent facts admitted into evidence.
- 2) Annexed hereto as **Exhibit "1"** is the amended narrative report prepared by the Expert Witness, **ANDREW MEROLA, M.D.**, in which he will also rely upon.
- 3) Annexed hereto as **Exhibit "2"** and made part of are the curriculum vitae of, **ANDREW MEROLA, M.D.**, which states his credentials as an expert witness to the subject matter to which he will testify.
- 4) Annexed hereto as **Exhibit "3"** is a fee letter provided by, **ANDREW MEROLA, M.D.**, itemizing the fees charged for his testimony.

Dated: Queens, New York  
August 19, 2020

  
YOSEF H. LEE, ESQ.  
Law Offices of Gary S. Park, P.C.

*Attorneys for Plaintiff*

**ZAI JI TIAN**

39-01 Main Street, Suite 608

Flushing, New York 11354

(718) 445-1300

To:

**ABRAMS GORELICK FRIEDMAN &  
JACOBSON LLP**

*Attorneys for Defendants*

**WAYNE AUDIBERT and NFI**

**INTERACTIVE LOGISTICS, LLC**

One Battery Park Plaza, 4<sup>th</sup> Floor

New York, New York 10004

(212) 422-1200

File No.: 31946

Exhibit “1”

Andrew A. Merola, MD  
Associate Professor of Orthopedic Surgery  
SUNY Downstate Medical Center  
567 First Street  
Brooklyn, N.Y. 11215

Amended Report

February 13, 2020

Law Offices of Gary S. Park, P.C.  
39-01 Main Street, Suite 608  
Flushing, NY 11354

Re: Zai Ji Tian  
D/A: May 3, 2018

**History of Illness:** Zai Ji Tian initially presented to my office on June 17, 2019. He presented to the office status post a motor vehicle accident. He was referred by Dr. Arden Kaisman. The accident occurred on May 3, 2018. He complained of neck pain. He had had percutaneous discectomy. It had not been completely and entirely helpful. He had low back pain, which radiated into the lower extremities. Please note extensive medical records were available for review as brought in by the patient.

**Past Medical History:** Noncontributory.

**Past Surgical History:** Arthroscopy of left shoulder on September 14, 2018; cervical discectomy on January 9, 2019; lumbar laminectomy on August 8, 2019.

**Physical Examination on Initial Visit:** Cranial nerves were intact and nonfocal. Jaw jerk was negative. Cervical extension was 25 degrees (normal 75 degrees), flexion 40 degrees (normal 60 degrees), right lateral bending 40 degrees (normal 45 degrees), left lateral bending 40 degrees (normal 45 degrees), right lateral rotation 35 degrees (normal 80 degrees), and left lateral rotation 40 degrees (normal 80 degrees). Spasm and tenderness were present and palpable beyond those ranges of motion. Spurling maneuver reproduced pain in the neck, which radiated into the upper extremity, arms and hands. It produced pain, pins, needles, numbness, tingling and weakness. It was consistent with a cervical radiculopathy predominantly involving the sixth roots. Hoffmann's signs were positive. Decreased pinprick and tactile sensory findings in the C6 roots were appreciated. Lumbar spinal extension was 10 degrees (normal 65 degrees). Positive spinal Phalen's maneuver noted. Forward flexion was 40 degrees (normal 60 degrees), right lateral bending 40 degrees (normal 40 degrees), left lateral bending 40 degrees (normal 40 degrees), right lateral rotation 35 degrees (normal 80 degrees), and left lateral rotation 40 degrees (normal 90 degrees). Spasm and tenderness were present and palpable beyond those ranges of motion. All ranges of motion were measured using a goniometer. Straight leg raise on the right side was at 35 degrees. There was contralateral straight leg raise, Achilles tendon reflexive loss and L5 and S1 dermatome-myotomal distribution sensory loss.

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**Medical Records:** Medical records were available for review inclusive of percutaneous discectomy of the cervical spine on January 9, 2019.

**EMGs:** EMGs and nerve conduction studies demonstrated cervical radiculopathy at C5-C6 and lumbosacral radiculopathy at L5-S1.

**MRI Films:** MRI films dated June 22, 2018 revealed cervical spine C5-C6 protrusion and MRI films dated July 25, 2019 revealed L5-S1 protrusion.

MRI films dated June 22, 2018 revealed cervical spine C5-C6 protrusion and L5-S1 protrusion.

The patient would be a candidate for laminectomy at L5-S1 vertebral segment. Predominant indication for laminectomy at that time was to prevent further neurological deterioration as a consequence of severe lumbosacral radiculopathy with correlative diagnostic imaging studies and physical findings.

**Counseling Session:** Accordingly, I had counseled the patient regarding current condition to include treatment options and alternatives to include surgical versus non-surgical care and management, surgical procedure and type, realistic goals and expectations of surgical intervention, and potential surgical complications. Patient had verbalized to me a good overall understanding therein and we would be proceeding forward accordingly.

At that point in time, I also wanted Mr. Tian to update magnetic resonance imaging scanning of the cervical spine discussed at length and in detail with the patient as well.

**Subsequent Treatment:** On August 8, 2019, I performed surgery on Mr. Tian at The New York Methodist Hospital. The surgery performed was a decompressive lumbar laminectomy with medial facetectomy; decompression of neurological elements and nerve roots, L5 roots; decompressive lumbar laminectomy; medial facetectomy; decompression of neurological elements and nerve roots, S1 roots; utilizing intraoperative fluoroscopy; and intraoperative evoked potential monitoring.

The indications for surgery were that the patient sustained traumatic low back injury. There was severe pain in the back objectively correlated by severely restricted range of motion, palpable spasm inclusive of positive sp0ianl Phalen maneuver, and positive straight leg raise to left lower extremity, L5-S1 sensory reflexive and motor loss, left side greater than right, although bilateral involvement was present. Films were available in the operating room delineated the appropriate surgical site and levels inclusive of left para-foraminal herniation at the L5-S1 vertebral segment.

September 16, 2019 was the patient's first postoperative visit. There were no acute complaints. Patient was accompanied to the office by some friends and family members.

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Physical findings on examination demonstrated the patient to be otherwise alert and oriented x4. Mentation and affect were appropriate. Gait was bilateral heel-to-toe reciprocal. Cranial nerves were intact and nonfocal. Jaw jerk was negative. Swallowing was intact. Phonation was intact. Chest showed good lateral expansion. Abdomen was soft and nontender. Calves were soft and nontender. There was no evidence of DVT. Incisional site and area were healing, dry, non-erythematous, nontender, non-fluctuant, and non-indurated. Sensory, motor, and neurological function of the upper and lower extremities was tested and compared to preoperative findings and found to be stable.

Mr. Tian was stable post-surgically. He could start physical therapy on an as tolerated basis. No bending, no lifting, no twisting, no repetitive motion to the neck and back. Return visit with me in approximately eight to 12 weeks' time pending his overall clinical course.

Mr. Tian returned to the office on February 10, 2010. He was status post decompressive lumbar laminectomy with partial discectomy at L5-S1 vertebral segment with surgical intervention on August 8, 2019. Thus far, patient indicated that surgical intervention had been helpful in terms of preventing further significant severe shooting pain into the lower extremity, legs and feet. Patient underwent surgery and had tried to get back to active work and duties pending his overall clinical course indicating working with activity modifications and restrictions and trying to do the best he could on a daily basis.

The patient reported mechanical axial neck stiffness. Patient reported mechanical axial low back stiffness. Patient indicated that surgical intervention had otherwise been helpful thus far in terms of preventing further significant severe shooting pain into the lower extremities.

Physical findings on examination demonstrated the patient to be otherwise alert and oriented x4. Mentation and affect were appropriate. Gait was mildly antalgic and kyphotic with a reversal of lordosis present upon ascent. There was palpable spasm in the cervical, thoracic, and low back regions. Ranges of motion were tested to the maximum limits of spasm and measured by goniometer. Cervical extension was 40 degrees (normal 75 degrees), flexion was 40 degrees (normal 60 degrees), right lateral bending was 40 degrees (normal 45 degrees), left lateral bending was 40 degrees (normal 45 degrees), right lateral rotation was 50 degrees (normal 80 degrees), and left lateral rotation was 50 degrees (normal 80 degrees). Spasm and tenderness were present and palpable beyond those ranges of motion. There was decreased pinprick and tactile sensory findings, C5 and C6 roots predominant, mildly positive Spurling maneuver. Lumbar spinal extension was 30 degrees (normal 65 degrees), forward flexion was 40 degrees (normal 60 degrees), right lateral bending was 40 degrees (normal 40 degrees), left lateral bending was 40 degrees (normal 40 degrees), right lateral rotation was 35 degrees (normal 80 degrees), and left lateral rotation was 40 degrees (normal 80 degrees). Spasm and tenderness

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were present and palpable beyond those ranges of motion. Ranges of motion were measured using a goniometer. Decreases in pinprick and tactile sensory findings were noted in the L5 and S1 roots of the lower extremity, legs and feet with a left Achilles tendon reflexive loss and some difficulty heel-toe raising left side worse than right.

Physical findings on examination as per above demonstrated chronic permanent residual spinal range of motion loss noted in both the neck and back regions with chronic permanent residual neurological deficits of the upper and lower extremities particularly the L5 and S1 roots consistent with a history of trauma.

My recommendation was to continue conservative management, which would include a home therapy program, activity modifications and restrictions, working on an as tolerated basis. Avoid bending, lifting, and twisting and avoid other activities that reproduce pain and symptoms.

I discussed this at length and in great detail with the patient who has verbalized to me good understanding therein including future care and treatment, which include physiatric management, which becomes more likely over the course of time particularly with age.

With respect to surgical observational care and management over the course of time, this is indicated and required as well, which of course will become more necessary as the patient gets older as well given the history of traumatic injuries to the neck and back regions.

**Review of Records:** I have had an opportunity to personally review the following medical records. MRI of the cervical spine done on 6/22/2018, MRI of the lumbar spine on 6/22/2018, MRI of the left shoulder, on 6/14/2018, MRI of the left knee on 6/14/2018, at Redtree Radiology. Medical records from Spencer A. Colden, M.D., EMG and nerve conduction study of upper extremities on 7/7/2018, EMG and nerve conduction study on 7/21/2018 of lower extremities, Dr. Colden. Physical therapy notes. Medical records from Advanced Orthopaedics, Dr. Dov Berkowitz. Medical records from Dr. Arden Kaisman. Operative report from EMU Surgery Center, cervical discectomy and decompression of C4-C5 and C5-C6 discs, Dr. A. Kaisman, on 1/9/2019. Operative report from The NewYork-Presbyterian/Queens Hospital, arthroscopy of left shoulder by Dr. D. Berkowitz on 9/14/2018. MRI of the lumbar spine on 7/25/2019 at Kolb Radiology.

**Causation:** Within a reasonable degree of medical certainty the accident occurring on May 3, 2018 is the competent cause of injuries sustained to Mr. Zai Ji Tian's low back and neck requiring surgical intervention to the lumbar spine. Mr. Tian's injuries are permanent in nature.

**Future Care and Management:** Mr. Tian will require continued orthopaedic observational care and management visits approximately one to two times per year at a cost of \$275 per visit for his neck and back. He will also require surgical intervention in the future in the form of revision lumbar surgery at a cost of \$125,000 and possible cervical surgical intervention. Future care and



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management also include physical therapy approximately four times per month at a cost of \$150 per visit lifetime. He will also require pain care and management at a cost of \$250 per visit and MRIs to the neck and back once every 2 years' lifetime at a cost of \$1500 per study as well as x-ray studies of both the cervical and lumbar spines. Strict activity modifications and restrictions to include no bending, lifting, no twisting and no repetitive motion to the neck and back is recommended. Continued care and management and follow-up for his pain, medications on an as needed basis with appropriate care, management and precautions as prescribed by his treating pain physician.

I, Andrew Merola, M.D., being a physician duly licensed to practice medicine in the State of New York, pursuant to CPLR Section 2106, do hereby affirm under the penalty of perjury that the statements and opinions contained herein are true and accurate and are all stated to a reasonable degree of medical certainty.

Sincerely,



Andrew A. Merola, M.D.



Exhibit “2”

**Andrew A. Merola, MD**

567 1<sup>st</sup> Street  
Brooklyn, NY 11215  
718-783-5542

Email: [andrewmerolamd@gmail.com](mailto:andrewmerolamd@gmail.com)

<b>Current Position:</b>	<b>Associate Professor, Department of Orthopaedic Surgery SUNY Downstate Medical Center 1/01/07 to present</b>
<b>Academic Rank:</b>	<b>Associate Professor of Orthopaedic Surgery</b> Department of Orthopaedic Surgery S.U.N.Y. Downstate Medical Center Kings County Hospital Brooklyn, New York 1/01/07 to present  <b>Assistant Professor of Orthopedic Surgery</b> S.U.N.Y. Downstate Medical Center 9/01/96 -12/31/06  <b>Director of Residency Research and Spinal Research, SUNY Downstate Medical Center 9/01/96 to present</b>
<b>Fellowship:</b>	<b>University of Colorado Health Science Center at Denver</b> Spinal Surgery Fellowship- Anthony P. Dwyer, MD Thomas G. Lowe, MD 8/01/95 – 8/01/96
<b>Resident Education:</b>	<b>State University of New York Health Science Center at Brooklyn, Kings County Medical Center</b> Brooklyn, New York. 7/01/90 – 6/31/95  1994-1995 Chief Resident, Department of Orthopaedic Surgery 1991-1995 Resident, Department of Orthopaedic Surgery. 1990-1991 Intern, Department of General Surgery.

**Education:**

1986-1990	Howard University College of Medicine, Washington, DC MD 5/15/90. <u>Honors:</u> <i>Charles H. Epps Award for Orthopaedics.</i>
1981-1985	New York University, Manhattan, New York BA, Chemistry 6/15/85.
1977-1981	Xavier High School, Manhattan, New York

**Licensure:**

American Board Of Orthopaedic Surgery: Certified July 1998  
Re-certified 2008

American Board of Spinal Surgery:  
Charter Member September 1998

New York State 189354

New York State Department Of Health- SUNY, Brooklyn Non-  
Transplant Anatomic Tissue Bank

Materials Test Systems Operator - MTS Systems

**Grants:**

Scoliosis Research Society Scholarship Grant to evaluate the  
Genetic Etiology of AIS 2005

**Research/ Scholarship:**

I have achieved both National and International recognition as having had a major influence regarding the treatment of Adolescent Idiopathic Scoliosis. (See Scoliosis Society appointments and visiting professorships). I also supervise Independent, productive investigative research through Downstate. All research and publications utilize Medical Students and Residents from SUNY Downstate. (See Peer-reviewed publications).

**Teaching:**

I Supervise and Teach both medical students and residents at SUNY Downstate in the clinical setting, both office practice and surgical as well as investigative research. I have organized and help run the research activities through the Department of Orthopedic Surgery at Downstate.

**Professional Service:**

I hold direct responsibility for the Spinal Surgical Service at Downstate and its affiliates. I am also an active member of multiple professional societal boards.

**Affiliations:**

**Diplomat American Board of Orthopaedic Surgery**

**Diplomat American Board of Spinal Surgery**

**Fellow of the Scoliosis Research Society**

**Fellow of the American Academy of Orthopaedic Surgeons**

**Member New York State Society of Orthopaedic Surgeons**

**Past President of the Brooklyn Orthopaedic Society**

**Diplomat National Board of Medical Examiners**

**Chairman Website Committee Scoliosis Research Society**

**Member American Academy of Orthopaedic Surgeons;  
Evidence Analysis Work Group, Committee on the Spine;  
Spinal Surgery Guidelines**

**Member Medical School Interview Committee for the State  
University of New York Health Science Center Brooklyn**

**Member Search committee For the Saint Vincent's Hospital  
Department of Orthopaedic Surgery**

**Member Interview Committee for the Department of  
Orthopaedic Surgery SUNY Downstate**

**Member Selection Committee for the Department of  
Orthopedic Surgery SUNY Downstate**

**SUNY Downstate Medical School Mentor Program**

**Consulting Surgeon, A.T.A.N. Orthopedic Surgical Aid to the  
Children of Honduras**

**Consulting Surgeon Mariposa Foundation, Surgical aid to  
the Children of the Dominican Republic**

**Member, Core Curriculum on Spinal Surgery for the  
Scoliosis Research Society**

**Faculty, Passionate About Spines, Brompton Hall, London UK**

**Faculty, Spinal Deformity Study group on Adolescent  
Idiopathic Scoliosis**

**Faculty, The Anterior Harm's Surgical Study Group**

**Guest Lecturer, New York Organ Donor Network. Spinal and Orthopedic Harvesting, October 2000**

**Faculty, Principles In Spinal Fusion: Cadaver Lab at the Hospital for Special Surgery. Transforaminal Lumbar Interbody Fusion. June 16-17 2001**

**Guest Lecturer, Baylor College of Medicine, Department of Orthopedic Surgery Anterior Scoliosis Surgery; The effect of Instrumentation on Load Sharing and Load Transfer. Grand Rounds, August 4 1999.**

**Visiting Surgeon, Professor Jürgen Harms, MD: Spinal Surgery center of Germany  
Klinikum Karlsbad-Langensteinbach.  
Visiting Surgeon, 1997- 1998**

**Guest Lecturer, University of Colorado; Spinal Surgery Lecture Series, 95-present**

**Guest Lecturer, Biomechanics Lecture Series at the Cooper Union School Of Engineering, 94- Present**

**Guest Lecturer, New York Medical College Dept. Of Orthopaedic Surgery, 94- Present**

**Visiting Surgeon, University of Hanover Hospital, Prof. Dr. A Von-Stempel 85-96**

**Visiting surgeon, German Scoliosis Center-WWK Clinic, Dr. Med. Metz-Stavenhagen. 94-95**

**Honors:**

**John H. Moe award for best Basic science Exhibit SRS 2002; Attenuation of Ciliary Neurotrophic Factor In Acute Spinal Cord Injury Treated with Intravenous Methylprednisolone.**

**Russell S. Hibbs Award For Clinical Excellence In Spinal Reconstructive Surgery 2000; First runner-up; Platelet Calmodulin Levels in AIS: A Predictor of Curve Progression and Severity. Scoliosis Research Society, 35th Annual Meeting, October 2000**

**American Orthopaedic Association- Best Scientific Poster Exhibit 1999; Results Of The Scoliosis Research Society Instrument for the Evaluation Of Surgical Outcome**

In Adolescent Idiopathic Scoliosis: A multicenter Study of 244 Patients, 112<sup>th</sup> Annual Meeting, June 1999.

**Bernard Freundlich- Mercer Rang Paper Competition Award, 1995** Finite Element Model Analysis of a Lumbar Burst Fracture, Brooklyn Orthopaedic Society, May 1995

**Russell S. Hibbs Award For Clinical Excellence in Spinal Reconstructive Surgery 1994.** Meta-Analysis of Surgical Outcome in Scoliosis: A Thirty Five-Year Review of Eleven Thousand Patients. Scoliosis Research Society, 29th Annual Meeting, September 1994

**Bernard Freundlich- Mercer Rang Paper Competition Award, 1994** Occipital Morphology: An anatomic Guide to Internal Fixation. Brooklyn Orthopaedic Society May 1994

**Charles H. Epps Award for Orthopaedics**, Howard University College of Medicine, May 1990

**Textbooks:**

***Surgical Techniques for the Spine.*** Editors; Hahe T, Merola A. Thieme, September 2004

***Spinal Instrumentation Techniques-Anterior Scoliosis Surgery.*** Hahe T, Merola A, Shin T, Caruso S. Published By the SRS, 2003

***Spinal Deformities: The Comprehensive Text*, Chapter 16** Biomechanics of the Intervertebral Disk. Merola A, Castro A, Enguidanos S, Hahe T. Edited by R. Dewald, Thieme 2003

***Spinal Instrumentation Techniques-Anterior Scoliosis Surgery.*** Hahe T, Merola A, Shin T, Caruso S. Published By the SRS, 2003

***State of the Art Review- Anterior Column Surgery***  
***Anterior Techniques of Scoliosis Surgery.*** Hahe T, Merola A, Shin T, Caruso S.  
September 1998

***State of the Art Review- Anterior Column Surgery***  
***Anterior Techniques in Kyphosis Surgery.*** Riina J, Merola A, Hahe T, Shin T, Caruso S.  
September 1998

**Revision Spinal Surgery- Implants Modes of Failure**  
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Edited by Margulies J Y. In publication.

**State of the Art Review- Current Concepts in Spinal Biomechanics I Vol. 10/ Number2 May 1996**  
Edited by Haheer, T and Merola, A

**State of the Art Review- Current Concepts in Spinal Biomechanics II Vol. 10/ Number3 September 1996**  
Edited by Haheer, T and Merola, A

**Textbook of Spinal Surgery: Bridwell and Dewald Second Edition, 1996**  
*Biomechanics of Three-Dimensional Scoliosis Correction*  
Giehl JP, Haheer TR, Merola AA, Zipnick RI, Gorup J, Zielke K.

**Lumbosacral Spinal Fusion** edited by Margulies, JY;  
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#### **Publications:**

Juan C. Rodriguez-Olaverri, MD, PhD; Nicholas C. Zimick, BS; **Andrew Merola, MD**; Gema De Blas, MD, PhD; Jesus Burgos, MD; Gabriel Piza-Vallespir, MD; Eduardo Hevia, MD; Javier Vicente, MD; Ignacio Sanper, MD; Pedro Domenech, MD; Ignacio Regidor, MD, PhD **Using Triggered Electromyographic Threshold in the Intercostal Muscles to Evaluate the Accuracy of Upper Thoracic Pedicle Screw Placement (T3-T6). SPINE vol 133 N 7 E194 April 1 2008**

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Newton PO, Marks MC, Faro FD, Betz RR, Clements DH, Haheer T, Lenke LG, Lowe TG, **Merola AA**, Wenger DR: Use of Video Assisted Thoracoscopic Surgery to Reduce Perioperative Morbidity in Scoliosis Surgery. **SPINE** 28: s249-s254, 2003.

Newton PO, Faro FD, Marks MC, Betz RR, Clements DH, Haheer T, Lenke LG, Lowe TG, **MerolaAA**, Wenger DR: Factors Involved in the Decision to Perform a Selective Versus Nonselective Fusion of Lenke 1B and 1C Curves in Adolescent Idiopathic Scoliosis. **SPINE** 28: s217-s223, 2003



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**Merola, AA**, O'Brien, M. Smith, D. Lowe, TG. Dwyer, AF. Haheer, T. Espat N J. The Effect of Methylprednisolone on Acute Spinal Cord Injury: A Histological Investigation in A Rodent Model. *The Journal of Orthopaedic Trauma* March 2002

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**Journal of Spinal Cord Medicine Spring 2000 Vol. 23 Suppl 1**

Maher, T. Sealy, R. Yeung, A. Merola, AA. An In Vitro Study of Load Transfer and Load Sharing with Respect to the Material Properties of an Anterior Device. **Journal of Spinal Cord Medicine Spring 2000 Vol. 23 Suppl 1**

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Exhibit “3”

Andrew A. Merola, MD  
Associate Professor of Orthopedic Surgery  
SUNY Downstate Medical Center  
567 First Street  
Brooklyn, N.Y. 11215

February 14, 2020

Dear Gentilepersons:

My testimony and medical preparation fee are \$650 per hour for time away from the practice of medicine. This fee represents professional services for legal testimony and or preparation.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Merola', with a stylized flourish at the end.

Andrew A. Merola, M.D.



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

Civil Docket No.: 18-CV-7119

ZAI JI TIAN,

Plaintiff(s),

-against-

WAYNE AUDIBERT and NFI INTERACTIVE  
LOGISTICS, LLC,

Defendant(s).

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**NOTICE OF EXCHANGE OF AMENDED EXPERT  
WITNESS INFORMATION**

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**Law Offices of Gary S. Park, P.C.**

Attorneys for Plaintiff

**ZAI JI TIAN**

39-01 Main Street – Suite 608

Flushing, New York 11354

(718) 445-1300

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To:

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Service of a copy of the within

is hereby admitted.

Dated:

\_\_\_\_\_  
Attorney(s) for

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**NOTICE OF ENTRY:**

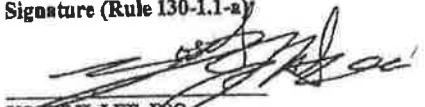
PLEASE TAKE NOTICE that the within is a true copy of an order entered in office of the Clerk of the above Court on

**NOTICE OF SETTLEMENT:**

PLEASE TAKE NOTICE that the within proposed order will be presented for settlement and entry at the Courthouse on at  
10:00 a.m. at the office of the Clerk of the Part of this Court where the within described motion was heard.

Dated: Queens, New York  
August 19, 2020

Signature (Rule 130-1.1-a)

  
**JOSEPH H. LEE, ESQ.**  
Attorneys for Plaintiff(s)  
As Designated Above